RCE

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

09/104 028

		CLAIMS	AC EII E	DADE					09/	"/1	19 0	28
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYPI		NTITY	QF		R THAN L ENTITY
TOTAL CLAIMS						R/	TE	FEE	آ آ	RATE		
FOR			NUMBE	ER FILED	NUN	MBER EXTRA	BASI	C FEE	370.0		BASIC FE	
TOTAL CHARGEABLE CLAIMS			14	14 minus 20= *			X\$	9=				7 10.00
INDEPENDENT CLAIMS			4	4 minus 3 = * /			X4			OF	` 	
MULTIPLE DEPENDENT CLAIM PR			PRESENT	RESENT		П		<u> </u>		OR	X84=	84
* If the difference in column 1 is less than zero, enter "0" in column 2						+14			OR	+280=		
CLAIMS AS AMENDED - P.						COIDMIN 2	TO	AL		OR	TOTAL	
34 24 4 10	SMA	ALL I	ENTITY	OR		R THAN ENTITY						
Total Indeper		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RA ⁻	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Indeper	ndent	* / 4	Minus	** 2	<u>60</u>	=	X\$:	9=		CR	X\$18=	
FIRST		ENTATION OF M	Minus IULTIPLE DE	EPENDENT	O CLAIM	= /	X42	=		OR	X84=	84
				 			+14()=		OR	+280=	
							TO ADDIT. I	TAL EE		OR	TOTAL ADDIT. FEE	
. 21.253282	VA 1456	(Column 1)		(Colum		(Column 3)	(l					<u> </u>
Total Independent		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RAT	E -	ADDI- FEE		RATE	ADDI- TIONAL FEE
Total		*	Minus	**		=	X\$ 9	=		OR	X\$18=	
Independ FIRST P		* NTATION OF MU	Minus	***	21 0184	=	X42=	10		OR	X84=	
		we we	JEIN CE DE	FLINDENT	JLAIIVI		+140	-		OR	+280=	
							TOT ADDIT. F	AL		OR ,	TOTAL	
Telligram		(Column 1)		(Column	12)	(Column 3)	ADDI,I. F	- C -		і А	DDIT. FEE	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
Total		*	Minus	**		= '	X\$ 9=			OR	X\$18=	
Independ			Minus	***		=	X42=				X84=	
TIMOTPE	IESEN	ITATION OF MU	LTIPLE DEF	PENDENT C	LAIM		+140=	+		OR	A04=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									(OR	+280=	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
The "Highes	t Numb	er Previously Paid	For" (Total or	Independent)	is the	nighest number fo	ound in the	approp	oriate box	in colur	- nn 1.	

呂 꿆

FC:1881

9

116.69

69669991

BK0551

4802/92/20

හි	
189388	
ବେଷ୍ଟେବର	æ
88 88 88	86.00
8	86.
BR0551	•
#3/26/2094	FC: 1201
<u>~</u>	3

01 FC:1201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re Patent application of:

Applicant(s): Gary G. Lenihan

Serial No: 09/704,028

Filing Date: November 1, 2000

Title:

TOY KITCHEN SET WITH REPOSITIONABLE ISLAND

Examiner:

Bena B. Miller

Art Unit:

3712

Docket No. LTTKP6322US

REQUEST FOR CONTINUED EXAMINATION (RCE)

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Dear Sir:



This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-Identified application. (Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.)

- Submission required under 37 CFR 1.114
 - a. [X] Previously submitted
 - i. [X] Consider the amendment(s)/reply under 37 CFR 1.116 previously mailed or filed on August 21, 2003. (Any unantered amendment(s) referred to above will be entered).
 - ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on <>.
 - iii. [] Other:
 - b. [] Enclosed
 - i. [] Amendment/Reply
- III. [] Information Disclosure Statement
- ii. [] Affidavit(s)/Declaration(s)

2. Miscellaneous

- Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of [] one [] two [] thr months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. [] Other:

Page 1 of 2